

QuickFund\$ (due no later than **June 30**)
FINAL EVALUATION REPORT: Individual's Professional Development
Annual Commission grant period July 1 to June 30

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

☐ Check if this is a new address? FAX: _____
Organization: _____ Phone () _____

Social Security Number or EIN Number (required for payment) _____

1. **Narrative evaluation of the grant** (attach additional sheets as necessary)
 - Compare the actual accomplishments of the project to those proposed in the application.
 - Explain the impact of this grant to applicant/community/region and the challenges encountered.
2. **Please submit copies of programs, publicity, and other printed materials. Please submit two photos for publication use** (attach photo credit form as needed).

Conference/Workshop/Seminar Title _____

Where held _____ Date(s) of attendance _____

3. **Actual Expenses:** (retain copies of receipts for fees, lodging, and airfare for three years)

	ICA Grant	Other Expenses
Artist Fees _____	\$ _____	\$ _____
Fees (Workshop/Conference/Seminar) _____	\$ _____	\$ _____
Supplies and Materials (attach detail breakdown) _____	\$ _____	\$ _____
Fees for Services and Other Expenses (attach detail breakdown) _____	\$ _____	\$ _____
Travel and Subsistence (allowed for travel beyond a 25-mile radius):		
Airfare, or Mileage (\$.375 rate) _____	\$ _____	\$ _____
Rental Car (if applicable) _____	\$ _____	\$ _____
Meals (not to exceed \$30 per day) _____	\$ _____	\$ _____
Lodging _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____

Total expenses: \$ _____ \$ _____
(Required cash match ratio 1:3)

Application Certification: "I certify that I have complied with the QuickFund\$ guidelines, that I have met the requirements, and that all of the information contained in this report is true and correct to the best of my knowledge."

Signature of Grantee

Date

Mail this form to: Idaho Commission on the Arts, PO Box 83720, Boise, Idaho 83720-0008

DATE	DOC#	RefDoc#						
Invoice	VENDOR#	Prj/Phase						
Sfx	TC	Rvs	PCA	ACC	Sub-Object	Amount	Fund	Grant/Ph
DESCRIPTION _____								

Grant Amount Paid _____

Program Director _____

Agency Approval _____